

GUS 10108-B



Gulf Oil Company - U.S.

GULF OIL COMPANY - U.S.
5101 ERDMAN AVE.
BALTIMORE, MD. 21205

TO:-

EPA REGION III
P.O. Box 1480
PHILADELPHIA, PA. 19107

RETURN POSTAGE GUARANTEED

FIRST
CLASS



THIRD
CLASS



FOURTH
CLASS





ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ H00010090322

02/12/96

INSTALLATION ADDRESS

PETROLEUM FUEL & TERMINAL CO
2801 ROCK RD
GRANITE CITY, IL 62040
BELINDA HEADOR TERMINAL ADM

5101 ERDMAN AVE
BALTIMORE, MD 21205

EPA Form 8700-12A (6-90)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

H00010090322

INSTALLATION ADDRESS

GULF OIL COMPANY US
5101 ERDMAN AVE
BALTIMORE MD 21205

5101 ERDMAN AVE
BALTIMORE MD 21205

EPA Form 8700-12B (4-80)

10/09/80



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # MDD010090322

December 10, 1980

Gulf Oil Corporation
Mr. Cernick R. Terminal
5101 Erdman Ave.
Baltimore, Md. 21205

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

Reactivate
change name, contact + address, type + status,
owner + address
Add waste code

NAME NOT LED 2-13-96

0-7500

123

RESOURCE CONSERVATION AND RECOVERY INFO
MAINTENANCE FORM FOR EPA NOTIFI

I. EPA-ID# 1M010101101091013122 Date: 1-26-96

II. FACILITY NAME Chevron USA Inc

NEW FACILITY NAME

Name Change Petroleum Fuel + terminal Co

III. LOCATION OF INSTALLATION

Street

City/Town State Zip

County Code County Name

IV. INSTALLATION MAILING ADDRESS

Street

City/Town State Zip

V. INSTALLATION CONTACT

Last Name Meador First Belinda

Job Title Adm of terminals Phone # (618)452-4195

VI. INSTALLATION CONTACT ADDRESS

Street 2801 Rock Rd.

City/Town Granite City State IL Zip 62040

VII. OWNERSHIP

Name of Legal Owner Petroleum Fuel + terminal Co

Street 8182 Maryland Ave

City/Town St Louis State MD Zip 63105

Phone # (314)889-0214 Land Type Owner Type

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

0001				

Updated in RCRIS by:

CUW
HST

Date:

1/30/96
1-26-96

VIII A. Hazardous Waste Activity

- | | Type | RCRA Reg.
Status | RCRA Reg.
Desc. |
|--|------------------------------------|---------------------|--------------------|
| 1. Generator | <u>3</u> | <u>R</u> | <u>Delete</u> |
| 2. Transporter | _____ | _____ | _____ |
| 3. TSD | _____ | _____ | _____ |
| Mode of Transportation for Transporter | | | |
| | Air _____ Rail _____ Highway _____ | Water _____ | Other _____ |
4. HWF Burner/Blender: _____
- B Boiler and/or Industrial Furnace (BIF) only.
D BIF only; Smelter Deferral.
E BIF only; Small Quantity Exemption Claimed.
N Not a Burner/Blender, Verified.
X Other Burner/Blender Activity.
Blank Unverified.
- a. HWF Marketing to Burner: _____
- X Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.
- b. HWF Other Marketers: _____
- X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.
- c. HWF Boiler/Industrial Furnace: _____
- B Boiler and/or Industrial Furnace (BIF) only.
X Indication of Activity.
5. Underground Injection Control: _____
- X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities

a. Used Oil Marketer to Burner:

X Marketer directs shipments of used oil to burners.

b. Used Oil Other Marketer:

X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).

2. Used Oil Burner:

X Indication of Activity.

Burner Types:

Utility Boiler _____
H=Hazardous Waste Fuel

Industrial Boiler _____
U=Used Oil Fuel

Industrial Furnace _____
B=Both

3. Used Oil Transporter:

T=Transporter _____ F=Transfer _____ B=Both _____

4. Used Oil Processor/Re-refiner:

P=Process Only _____ R=Refine Only _____ B=Both _____

BDE

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒
B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

MDDDO10090322

II. Name of Installation (Include company and specific site name)

PETROLEUM FUEL & TERMINAL CO

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5101 ERDMAN AVENUE

Street (continued)

City or Town

BALTIMORE

State

MD

ZIP Code

21205-

County Code

County Name

N/A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5101 ERDMAN AVENUE

City or Town

BALTIMORE

State

MD

ZIP Code

21205-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MEADOR

(first)

BELINDA

Job Title

ADM OF TERMINALS

Phone Number (area code and number)

618-452-4195

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

☒

B. Street or P.O. Box

02801 ROCK ROAD

City or Town

GRANITE CITY

State

IL

ZIP Code

62040-

JAN 19 1996

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

PETROLEUM FUEL & TERMINAL CO

Street, P.O. Box, or Route Number

8182 MARYLAND AVENUE

City or Town

ST LOUIS

State

MO

ZIP Code

63105-

Phone Number (area code and number)

314-889-0214

B. Land Type

D

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

08

Day

15

Year

94

RECEIVED

BRANCH III

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter/Deferral
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Belinda Meador

Name and Official Title (type or print)

BELINDA MEADOR, ADM. OF TERMINALS

Date Signed

JALS 11/30/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for address.)

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: MDD010090322      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY):   081880      Source( N/E/S ):  N Non-Notifier Flag:                    *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                *
*Name of Installation:  CHEVRON USA INC                                                                *
*                               Installation Location Address                                           *
*Streets:   5101 ERDMAN AVE                                                                *
*City:      BALTIMORE                               State:  MD      Zip:      21205                *
*County Code:  510      County Name:  BALTIMORE CITY                                                *
*                               Installation Mailing Address                                           *
*Streets:   5101 ERDMAN AVE                                                                *
*City:      BALTIMORE                               State:  MD      Zip:      21205                *
*                               Contact Information                                                       *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* CERNICK          R              TERMINAL SUPV      3013273808      L          *
*Streets:   5101 ERDMAN AVE                                                                *
*City:      BALTIMORE                               State:  MD      Zip:      21205                *
*Land Type:                                                                *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                                              *
*****

```

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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA ID:  MDD010090322      Other ID:                               Source:  N                               *
*                                                                                                     *
*                                                                                                     *
*                               RCRA Reg  RCRA Reg  State Reg  State Reg                               *
* Waste Activity              Type      Status   Desc      Status   Desc                               *
* -----                    - - - - -  - - - - -  - - - - -  - - - - -  - - - - -                               *
* HW Generator:              3          N         1                               *
* HW TSD:                                                             *
* HW Transporter:                                                    *
*   Transport Mode:  Air:      Rail:      Highway:      Water:          *

```

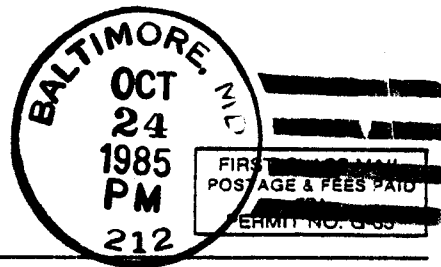


```
*
*                               Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue          F1-Previous Screen          F3-Exit          F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA ID: MDD010090322 Other ID:                      Source: N
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
*                        D000
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*
*****
*Enter-Continue          F1-Previous Screen          F3-Exit
*F8-Help                F9-First                    F10-Next
*****
```



Official Business
Penalty for Private Use
\$300



United States
Environmental Protection
Agency

Washington DC 20460

JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGION III
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

Hazardous Waste Quantity Notification


Business Name Chevron U.S.A.
Business Address 5101 Endman Ave
Baltimore, MD 21205
EPA ID Number MDD010090322

Hazardous Waste Generated

0 - 100 kg/month ☒

100 - 1000 kg/month ☐

1000 kg/month or more ☐


R.F. CERNICK, Terminal Superintendent

Signature and Title

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 4 9	K 0 5 1	K 0 5 2			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
	R. F. CERNICK TERMINAL SUPERVISOR	7/31/80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

C																
C																
15 16																
INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)				
F M D D 0 1 0 0 9 0 3 2 2 5 1												8 0 0 8 1 8				
1 2										13 14 15		16		17 18 19		

I. NAME OF INSTALLATION

GULF OIL COMPANY U.S. CHEVRON USA INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 5 1 0 1 ERDMAN AVE

CITY OR TOWN

4 BALTIMORE MD 21205

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 5 1 0 1 ERDMAN AVE

CITY OR TOWN

6 BALTIMORE MD 21205

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 CERNICK R TERMINAL SUPERVISOR 301-327-3808

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 GULF OIL CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

Gulf Oil Company - U.S.

MARKETING DEPARTMENT-BALTIMORE DISTRICT

G. H. Simmons
GENERAL MANAGER

P. O. Box 2235
Baltimore, MD 21203

August 17, 1981

CERTIFIED MAIL #980183
RETURN RECEIPT REQUESTED

United States Environmental
Protection Agency
Region III
6th and Walnut Streets
Philadelphia, PA 19106

Gentlemen:


The Gulf Baltimore, Maryland Marketing Terminal, EPA ID Number MDD010090322, located at 5101 Erdman Avenue, Baltimore, Md. 21205, filed a protective Part A RCRA/State Hazardous Waste Permit Application dated November 7, 1980. Regulatory guidance has subsequently clarified some of the misinterpretations of the ambiguous provisions in the May 19, 1980 Federal Rules which compelled this submittal.

Accordingly, Gulf requests that the subject RCRA/State Permit Application for its Baltimore, Maryland Terminal be withdrawn from consideration and returned to:

Gulf Oil Company - U. S.
1150 N. Macon Street
Baltimore, MD 21205
Attention: H. N. Bassett, Jr.,
Operations Manager

Very truly yours,

GULF OIL COMPANY - U. S.


G. H. Simmons
General Manager

GHS:hmh

cc: Mr. R. F. Cernick, Baltimore Terminal
Mr. D. P. Martin, 2150 - 2HC



A DIVISION OF GULF OIL CORPORATION

1150 N. MACON ST.
BALTIMORE, MD 21205

AUG 19 1981



Chevron U.S.A. Inc.
1200 State Street, Perth Amboy, NJ 08861-2099

August 8, 1986

EPA I.D. NUMBERS

EPA Region III
Mail Code 3HW34
841 Chestnut Street
Philadelphia, PA 19107

Attention: Mr. Louis Rivera

Dear Mr. Rivera:

Attached is the information that you requested. It is our desire that all of the numbers on the attached list remain active.

Please advise if you need any additional information or assistance. I can be reached at (301) 337-5300.

Very truly yours,


E. P. Johnke
Environmental Specialist

Attachment

<u>EPA I.D. #</u>	<u>Issued To</u>	<u>Location</u>	<u>Comments</u>
✓ MDD000800649	Gulf Oil - U.S.	Baltimore	Chevron U.S.A. (O)
- ✓ MDD0002901767	Gulf Oil Corp.	Salisbury	Chevron U.S.A. (O)
PAD0072154479	Gulf Oil Corp.	Cheswick Research & Dev.	Unknown
✓ PAD049791098	Gulf Oil Corp.	Philadelphia Ref.	Chevron U.S.A. (O)
PAD059014811	Gulf Oil Corp.	Bala Cynwyd	Unknown
✓ PAD045298585	Gulf Oil Corp.	Delmont	Cumberland Farms (O)
✓ PAD000647263	Gulf Oil Corp.	Vinco	Cumberland Farms (O)
✓ PAD0000647255	Gulf Oil Corp.	Altoona	Cumberland Farms (O)
PAD091874081	Gulf Oil Corp.	Philipsburg Explosives Dept.	Unknown
PAD014304976	Gulf Oil Corp.	Lansdale Adhesives & Resins	Unknown
✓ PAD084796575	Gulf Oil Corp.	J. J. Skeleton Bryn Mawr	Champion Oil (O)
PAT000621482	Gulf Oil Corp.	Mechanicsburg	Cumberland Farms (O)
PAT000622019	Gulf Oil Corp.	S. Williamsport	Cumberland Farms (O)
PAT000621557	Gulf Oil Corp.	Whitehall	Cumberland Farms (O)
✓ PAT000621532	Gulf Oil Corp.	Barnsville	Unknown
- ✓ VAD050987841	Gulf Oil U.S.	Chesapeake	Chevron U.S.A. (C)
✓ VAT000607960	Gulf Oil U.S.	Montvale	Chevron U.S.A. (O)
- ✓ VAD062373972	Gulf Oil Corp.	Richmond	Chevron U.S.A. (O)
- ✓ AD002536951	Gulf Oil Corp.	Fairfax	Chevron U.S.A. (O)
- ✓ WVD000647321	Gulf Oil Corp.	Huntington	Chevron U.S.A. (O)
- ✓ WVD000647313	Gulf Oil Corp.	Charleston	Chevron U.S.A. (O)
- ✓ MDD0010090322	Chevron U.S.A.	Baltimore	Chevron U.S.A. (O)

O = Open C = Closed

	<u>EPA I.D. #</u>	<u>Issued To</u>	<u>Location</u>	<u>Comments</u>
-	✓ MDD990696156	Chevron U.S.A.	Baltimore Ref.	Chevron U.S.A. (O)
	✓ PAD004369807	Chevron U.S.A.	Mercer	Unknown ✓
	PAD98055254	Chevron U.S.A.	D.L.T.F. Darby Twsp.	Unknown
	✓ PAD00796227	Chevron U.S.A.	Duncannon	Cumberland Farms (C)
	✓ PAD00647289	Chevron U.S.A.	HIW Tinican, PA	Unknown
	✓ PAD000796243	Chevron U.S.A.	Springdale	Chevron U.S.A. (O)
	PAD98055312	Chevron U.S.A.	SRTS, Philadelphia	Unknown
-	✓ VAD990710550	Chevron U.S.A.	Norfolk	Chevron U.S.A. (O)
-	✓ VAD041317876	Chevron U.S.A.	Richmond Asphalt	Chevron U.S.A. (O)

O = Open

C = Closed

Gulf Oil Products Company

PHILADELPHIA REFINERY

P. O. Box 7408
Philadelphia, PA 19101

June 20, 1985

U. S. Environmental Protection Agency
Region III
841 Chestnut Street
Philadelphia, PA 19107

Gentlemen:

Re: NAME CHANGE TO CHEVRON USA, INC.

This is to advise The U. S. Environmental Protection Agency, Region III, that effective July 1, 1985, the name of Gulf Oil Corporation will be changed to Chevron USA, Inc. As you probably know Chevron has acquired Gulf, and this name change is merely a part of our reorganization.

This change affects the following Permits:

<u>NPDES</u>	<u>RCRA (Interim Status)</u>
PA 0011533	PAD - 049791098 (Phila.)
PA 0011541	PAD - 980555312 (SRIF)
PA 0011550	PAD - 980555254 (DCTF)
	<u>PAD - 000647289 (HIW) - non transfer</u>

If you have any questions about our name change, please contact J. H. Williams at (215) 339-7125.

Very truly yours,


J. H. Williams
Director of Technical Services

DSG/lmck

cc: C. Kleeman 3WM52

*chyd p. 2
6/25/85*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

August 24, 1981
Certified Mail
Return Receipt Requested

Mr. R. Cernick
Gulf Oil Corporation
5101 Erdman Avenue
Baltimore, MD 21205

Re: Facility Name: Gulf Oil Corporation
Facility Location: 5101 Erdman Avenue
Baltimore, MD 21205

Dear Mr. Cernick:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. We have received your request to withdraw your permit application on August 17, 1981. Accordingly, the Agency is returning the application.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

8/24 - put to Macom St. address - ji



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JUL 15 1981

Mr. R. E. Wohlgenuth
Gulf Oil Corporation
5101 Erdman Avenue
Baltimore, MD 21205

Dear Mr. Wohlgenuth:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin

Chief, Administrative Support Section

Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared: July 15, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Gulf Oil Corporation

Location: 5101 Erdman Avenue
Baltimore, MD 21205

EPA I.D. No.: MDD 01 009 0322

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. R. E. Wohlgenuth, Vice President-Northern Region

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
S02	24,000 Gals.
T01	72,000 Gals/Day
T01	72,000 Gals/Day

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

K049	K051	K052	D001	

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F M D D 0 1 0 0 9 0 3 2 2 </div>
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> PLEASE PLACE LABEL IN THIS SPACE </div>	
GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.		

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		Yes.	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	GULF OIL COMPANY US CORPORATION
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	CERNICK R TERMINAL SUPERVISOR	3.0.1	3.2.7	3.8.0.8		

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	3	5101 ERDMAN AVE	BALTIMORE	M.D.	21205		

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	5	5101 ERDMAN AVE	BALTIMORE	M.D.	21205				

VII. SIC CODES (4-digit, in order of priority)

VIII. OPERATOR INFORMATION

VIII. OPERATOR INFORMATION

E. STREET OR P.O. BOX

E. STREET OR P.O. BOX

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XI. MAP

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

XIII. CERTIFICATION (see instructions)

A. NAME & OFFICIAL TITLE (type or print)
R. E. WOHLGEMUTH
VICE PRESIDENT-NORTHERN REGION

A. NAME & OFFICIAL TITLE (type or print)
R. E. WOHLGEMUTH
VICE PRESIDENT-NORTHERN REGION

B. SIGNATURE

Rezhovskiy

C. DATE SIGNED	
----------------	--

NOV. 07 1980

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)
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I. EPA I.D. NUMBER											
5	6	7	8	9	10	11	12	13	14	15	16
F	M	D	D	0	1	0	0	9	0	3	2
1	2	3	4	5	6	7	8	9	10	11	12

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 2	24,000 1,175,790	G	7			
2	T 0 1	12,000	U	8			
3	T 0 1	12,000	U	9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS.....P
TONS.....T

METRIC UNIT OF MEASURE CODE
KILOGRAMS.....K
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY										
W	M	D	D	0	1	0	0	9	0	3	2	2	T/A	C	W	DUP				T/A	C	DUP			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES														
											1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	K	0	4	9	200				P	502 T01															
2	K	0	5	1	425				P	502 T01															
3	K	0	5	2	285				P	502															
4	D	0	0	1	36000 4000				P B	502 T01															
5																									
6										times 9# / 6 WMS															
7																									
8																									
9																									
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IV. DESCRIPTION OF HAZARDOUS WASTES (Continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.****EPA I.D. NO. (enter from page 1)**

3	F	M	D	D	0	1	0	0	9	0	3	2	2	T/A	C
1														6	

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION**LATITUDE (degrees, minutes, & seconds)**

3	9	1	8	0	4	5
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	7	6	3	3	0	1	5
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER**2. PHONE NO. (area code & no.)**

C	E	GULF OIL CORPORATION
12	13	

4	1	2	2	6	3	5	0	0	0
55	56	57	58	59	60	61	62	63	64

3. STREET OR P.O. BOX**4. CITY OR TOWN****5. ST.****6. ZIP CODE**

C	F	PO BOX 1166
12	13	

C	G	PITTSBURGH
45	46	

P	A	1	5	2	3	0
40	41	42	43	44	45	46

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)**B. SIGNATURE****C. DATE SIGNED**

R. E. WOHLGEMUTH

VICE PRESIDENT-NORTHERN REGION

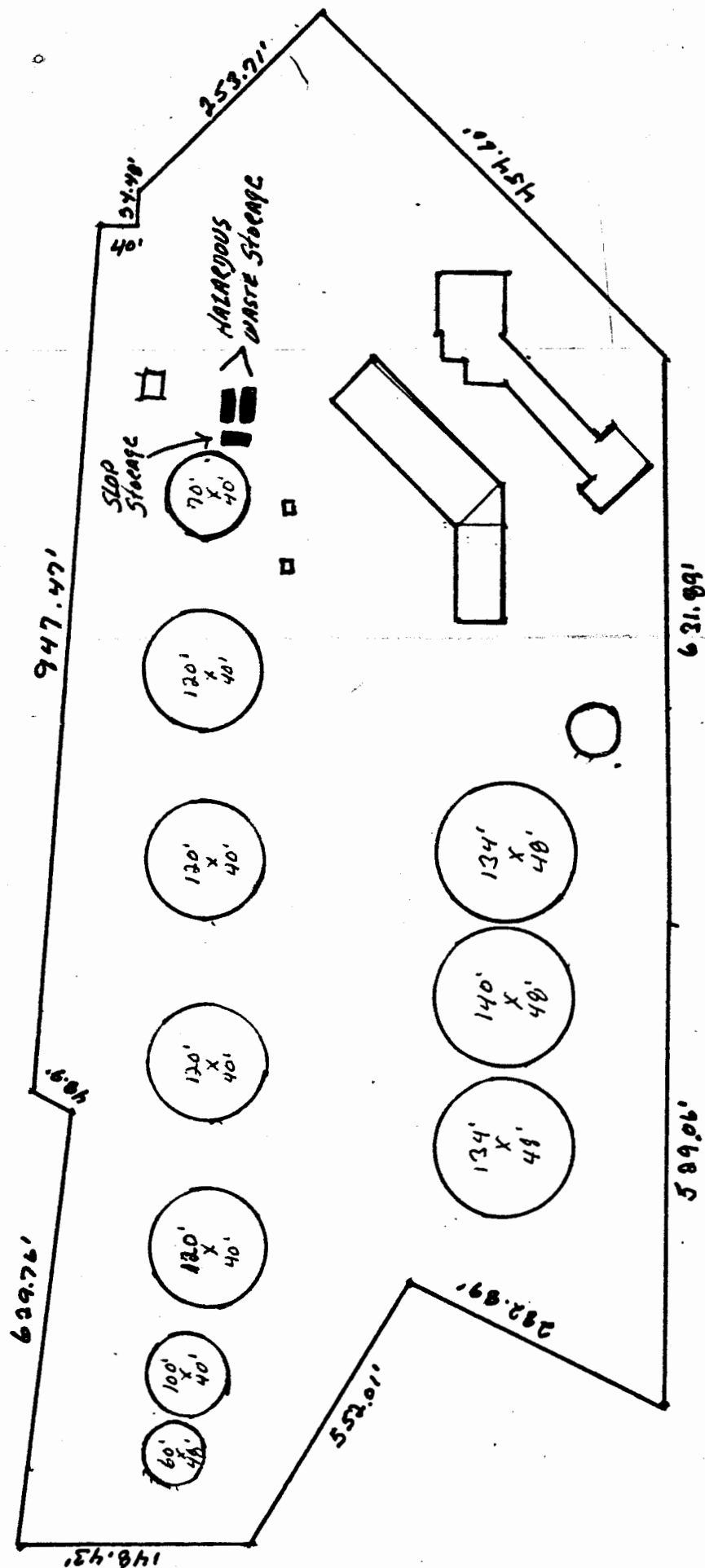
NOV. 07 1980

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)**B. SIGNATURE****C. DATE SIGNED**

V. FACILITY DRAWING (see page 4)





10-5-8

PHD-00

MDD-01-009.0322

Herritts Chevron Usa Inc

8/27

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Please pull the following files :

MD

Abbey Drum Co. MD 02 239 3771

Gen. ✓

Gordon Herritt Co. MD 00 306 8103

" ✓

Maryland Steel Drum Co. MD 00 306 0837

" ✓

Vulcan Materials Co. MD 00 309 3119

" ✓

<u>PA</u> Brakerstown Cont. Corp.	PAD 00 436 5870	TSD Gen
William Cooper's Sons	PAD 98 071 4430	Gen. ✓
Jacob Mline Corp	PAD 01 379 9689	TSD Gen
Metro Container Corp.	PAD 04 454 5895	Gen. ✓
Samuel Miller & Son	PAD 01 429 4714	" ✓
Epotec Metal Co.	PAD 06 365 4768	Gen ✓

VA

Bock Drum Co. VAD 02 383 1316

Gen. ✓

Richmond Barrel & Box VAD 00 062 0450

" ✓

Jane Cassidy 3HW34
x3181

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